DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 17335

FILED JUN 17 1940

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1862

**1. PLACE OF DEATH:**
(a) County: Jackson
(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 5 Years

**2. USUAL RESIDENCE OF DEACESED:**
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No.: 2518 E. 31st St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: W. EDWARD SEARFOSS
3. (b) If veteran, name war: No
3. (c) Social Security No.: 500-03-9370

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Frances Searfoss
6. (c) Age of husband or wife if alive: 38 years
7. Birth date of deceased: August (Month) 25 (Day) 1886 (Year)

8. AGE: Years 53 | Months 8 | Days 9 | If less than one day ____ hr. ____ min.

9. Birthplace: Higginsville (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Dentist
11. Industry or business:
FATHER 12. Name: Joseph H. Searfoss
13. Birthplace: Jacksonville (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name: Anna B. Beach
15. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
16. (a) Informant's own signature: Mrs. Frances Searfoss
(b) Address: 2518 E. 31st Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: May 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Odessa, Missouri
18. (a) Signature of funeral director: C. W. Newcomer
(b) Address: 1401 Brush Creek Blvd.
19. (a) May 3, 1940 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month: May day: 3rd year: 1940 hour: 7:00 A.M. minute: ____ M.
21. I hereby certify that I attended the deceased from 4-30-40, 19__, to 5-3-40, 19__; that I last saw him alive on 5-3-40, 19__; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: ARTERIOSCLEROTIC HEART DISEASE | |
| Due to: 95 B | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations:
Of autopsy: None

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: R. F. De Marion M.D. (M. D. or other)
Address: Supt. K. C. General Hospital, K. C. Mo. Date signed:

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**